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Governor Dave Freudenthal

**UPDATED Guidance to Schools for Novel Influenza A H1N1 (Swine Flu)**  
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In the Spring of 2009 a never before recognized influenza virus, referred to as Novel Influenza A H1N1 (Swine Flu), was recognized to be circulating among human populations. During the summer this novel virus has been circulating around the world, including the United States and Wyoming. Currently this novel flu virus causes a spectrum of illness similar to the routine seasonal flu viruses that we experience every winter in Wyoming.

As is the case for seasonal flu viruses, this novel H1N1 virus has the capability to spread rapidly from person-to-person with resulting outbreaks in some communities and settings such as schools and child-care facilities. The novel H1N1 virus has so far shown a pattern of more readily infecting people less than 65 years of age, including school-age and young children. The reasons for this pattern are not clearly defined, but may be due to the presence of some level of immunity to this novel virus in older populations from previous influenza exposures. At this time the novel flu virus seems to spread in ways similar to seasonal influenza viruses, and cause a similar spectrum of illness.

While this is somewhat reassuring, it must be kept in mind that seasonal influenza outbreaks do result in significant illness throughout the U.S., including WY, every year. It is estimated seasonal influenza is responsible for approximately 36,000 deaths in the U.S. each year, and 200,000 hospitalizations. Indeed deaths from seasonal influenza occur in WY every year (10 deaths in 2003). Severe illness from seasonal influenza can occur in any age group, but is most common in children less than 5 years of age, adults  $\geq 65$  years of age, and persons of any age with underlying chronic medical conditions. In addition, rates of infection during a seasonal influenza outbreak are highest among children. It is not uncommon for schools to experience a large absentee rate among students and staff during influenza season.

Since this novel H1N1 flu virus is a “new” virus to humans, there is likely little immunity to it among people. Therefore there is the potential that this novel virus could result in a significantly higher number of illnesses than is usually seen during a seasonal flu outbreak. This is the basis for increased disease surveillance by public health officials and the emphasis on illness prevention strategies. Public health officials around the world, including the Wyoming Department of Health (WDH), are carefully interpreting information on the spread of this virus, as well as the populations most affected and the severity of the resulting illness.

Federal health officials are currently assessing the effectiveness and utility of a vaccination strategy targeting the Novel Influenza A H1N1 (Swine Flu) virus. WDH will implement a vaccination plan once it is established by federal officials, and will work with partners as needed to ensure the delivery of vaccine to the Wyoming population as indicated.

The presence of the Novel Influenza A H1N1 (Swine Flu) virus has been confirmed in many Wyoming communities, and it is highly probable that the novel virus is indeed present in all Wyoming communities. It should be assumed that influenza activity in Wyoming communities is due, at least in part, to this novel strain. While the novel virus appears to result in illness similar to seasonal influenza, the potential number of illnesses and the severity is not trivial. Plus, there is still a lot to be learned about

this novel virus. Precautions are indicated to lessen the risk of a significant individual and public health burden from this novel virus.

In addition to the usual respiratory hygiene measures that are recommended every influenza season ( [www.health.wyo.gov/phsd/epiid/swineflu.html](http://www.health.wyo.gov/phsd/epiid/swineflu.html) ) **WDH officials make the following recommendations for schools to mitigate the effects of Novel Influenza A H1N1 (Swine Flu).**

*The primary means to reduce spread of influenza in schools and child care programs focus on early identification of ill students and staff, staying home when ill, and good cough and hand hygiene etiquette. Decisions about school closure should be at the discretion of local authorities based on local considerations, including public concern and the impact of school absenteeism and staffing shortages.*

## **Interim Recommendations: K-12 Schools**

- School dismissal is not advised for a suspected or confirmed case of Novel Influenza A H1N1 (Swine Flu) and, in general, is not advised unless there is a magnitude of faculty or student absenteeism that interferes with the school's ability to function. As always, situations can be individualized and school and public health authorities may close facilities at their discretion. Parents may use their judgment regarding the risk and benefits of sending their children to school or child-care during an influenza outbreak. In addition recommendations on school closure may change as new information becomes available regarding the clinical severity of the circulating flu strain, and the extent to which children are at particular risk of severe disease.
- Students, faculty or staff with influenza-like illness (fever with a cough or sore throat) should keep away from others as much as possible, stay home, and not attend school or go into the community (except to seek medical care or for other necessities) for at least 24 hours after fever is gone. (Fever should be gone in the absence of a fever-reducing medicine.) This recommendation should be adhered to even if the ill person is taking antiviral medications.
- Students, faculty and staff who appear to have an influenza-like illness at arrival or become ill during the day should be isolated promptly in a room separate from other students and sent home. Consideration should be given to having the ill person wear a surgical mask while around others, if possible, and that those who care for ill students and staff wear protective gear such as a mask.
- School staff should routinely clean areas that students and staff touch often with the cleaners they typically use. Special cleaning with bleach and other non-detergent-based cleaners is not necessary.
- Aspirin or aspirin-containing products should not be administered to any confirmed or suspected ill case of influenza virus infection aged 18 years old and younger due to the risk of Reye syndrome.
- Parents and guardians should monitor their school-aged children, and faculty and staff should self-monitor every morning for symptoms of influenza-like illness.
- Ill students should not attend alternative child care or congregate in other neighborhood and community settings outside of school.

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- Students, faculty and staff should stringently follow sanitary measures to reduce the spread of influenza, including covering their nose and mouth with a tissue when coughing or sneezing (or coughing or sneezing into their sleeve if a tissue isn't available), frequently washing hands with soap and water, or using hand sanitizer if hand washing with soap and water is not possible.

**If conditions suggest an influenza outbreak is of particular high severity, especially among children, WDH may recommend additional measures, such as those listed below, to help protect students and staff. In addition, local public health and education officials may elect to implement some of these additional measures.**

- Schools should check students and staff for fever and other symptoms of flu when they get to school in the morning, separate those who are ill, and send them home as soon as possible. Throughout the day, staff should be vigilant in identifying students and other staff who appear ill.
- People at high-risk of flu complications should talk to their doctor about staying home from school when a lot of flu is circulating in the community. Schools should plan now for ways to continue educating students who stay home through instructional phone calls, homework packets, internet lessons, and other approaches.
- For students who have an ill household member, it may be recommended they stay home for five days from the day the first household member got sick. This is the time period they are most likely to get sick themselves.
- If influenza severity increases, people with flu-like illness should stay home for at least 7 days, even if they have no more symptoms. If people are still sick, they should stay home until 24 hours after they have no symptoms.
- If information suggests the influenza illness is of particularly high severity, or that children are at particular risk of severe disease, pre-emptive school closures could be recommended.

**Detailed planning guidance for schools can be found at**  
<http://www.flu.gov/plan/school/schoolguidance.html>

**As we enter the fall and winter months it is possible new evidence will arise which may necessitate changes to public health recommendations. WDH will continue to monitor information both locally and nationally and continually assess whether changes are needed in these or other influenza disease control measures. School officials should remain vigilant for new guidance from public health officials. WDH also asks that school officials report the occurrence of unusually high numbers of attendees with illness should such occur. WDH can be contacted at 1-877-996-9000, or 24 hours a day, seven days a week at 1-888-996-9104.**

**Adapted from:**

- 1) *Update on School (K – 12) and Child Care Programs: Interim CDC Guidance in Response to Human Infections with the Novel Influenza A (H1N1) Virus. CDC August 5, 2009.*
- 2) *CDC Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influenza during the 2009-2010 School Year. <http://www.flu.gov/plan/school/schoolguidance.html>*